



# MERRIMACK FIRE DEPARTMENT

**HEALTH DIVISION**  
432 Daniel Webster Highway  
Merrimack New Hampshire 03054  
603-420-1730  
HLTH-FRM-004

## FLOOR PLAN REVIEW APPLICATION, Merrimack NH

Establishment Name \_\_\_\_\_

Address \_\_\_\_\_

(City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ (City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Note: All correspondence regarding the plan review will be sent to the applicant.

Owner Name ( if different than applicant) \_\_\_\_\_

Address \_\_\_\_\_ (City/Town/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

Purpose: • New Construction • Remodel • Relocation • Addition • Conversion

Projected Start Date: \_\_\_\_\_ Projected Completion Date: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Establishment Type: \_\_\_\_\_ # of Seats \_\_\_\_\_

Check all that apply

\_\_\_\_\_ Sit Down Meals

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Take Out

\_\_\_\_\_ Institution/School Cafeteria

\_\_\_\_\_ Bakery

\_\_\_\_\_ Retail Food Store

\_\_\_\_\_ Homestead

\_\_\_\_\_ Caterer

\_\_\_\_\_ Vending Machine

\_\_\_\_\_ Multi-Use Utensils

(Non-disposable dinnerware)

\_\_\_\_\_ Food or Beverage Processing Plant

Other \_\_\_\_\_

Other \_\_\_\_\_

Plan Review Fee of \$75, made payable to **“Town of Merrimack”**

Mail to: Merrimack Fire Department, Health Division, 432 Daniel W.H, Merrimack, NH 03054.

I, (print name & title) \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Health Division with regard to any changes, corrections or updates to the information provided.

Applicant Signature \_\_\_\_\_ Application Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Date \_\_\_\_\_

Health Official

## PLAN REVIEW REQUIRED DOCUMENTS CHECKLIST

### Please enclose the following with completed application:

- Proposed food menu or list of food and beverages to be offered.
- Plans and Specifications:

**Submit Two (2)** copies of the proposed kitchen floor plan on 11 x 14 inch paper drawn to scale (where ¼ inch or less equals one foot.) Number each item on the drawing and use a legend. The legend should list each piece of food equipment that is on the drawing.

The plan should include:

1. Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified.
2. Location of specific areas where food is prepared.
3. Location of all refrigeration. COMMERCIAL REFRIGERATION IS REQUIRED.
4. Provide adequate refrigeration to store and maintain cold hold food temperatures.
5. Location of all sinks.

### Required Sinks:

- **Handwashing Sink(s).** Sinks must be an adequate number, convenient and accessible to all food preparation areas, ware washing areas and restrooms
- **3 Compartment Sink.** Compartments shall be large enough to submerge the largest piece of equipment. Sink shall be of seamless design (rounded corners) and shall conform to NSF/ANSI standards and have drain boards on each side.
- **Food preparation sink.** The food prep sink shall be of seamless design (rounded corners) and conform to NSF/ANSI standards.
- **Service sink or curbed cleaning facility.** There shall be a mop sink with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.

### Facility Housekeeping

- Location of toilet facilities/restrooms. Identify the locations of the restrooms. At least 1 toilet and not fewer than the toilets required by law, RSA155:40, shall be provided.
- Location of Dressing Rooms/Locker Rooms/Employee break rooms. Describe storage facilities for employees' personal belongings (i.e., purse, coats, etc.)
- Location for the storage of poisonous or toxic materials.
- Location for storage of clean/dirty linen.
- Location of auxiliary areas such as storage rooms, basements and/or cellars used for storage or food preparation.
- A HACCP plan (if applicable) for specialized processing methods of foods such as sushi, Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food so that it is not potentially hazardous, curing and smoking for preservation, and molluscan shellfish tanks.
- Finish Schedule: Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases. The walls below bar/lounge areas and counters should be finished, and shelving should be provided in these areas. Indicate materials used (e.g., quarry tile, stainless steel, fiberglass reinforced panels, ceramic tile, 4" plastic coved molding, etc.) that will be used for area floor/floor-walls/ ceiling, walls-ceiling juncture
- Pest Control Plan: The description of a Pest Control Management System that will be utilized.